



CLINICAL SUPERVISION IN NURSING: BECOMING REALITY OR FACING EXTINCTION?

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WHAT IS CLINICAL SUPERVISION

Clinical supervision is a reflective process that enables supervisees to explore the part they play in the complexities of the therapeutic relationship, as well as examining the quality of their practices (Bond & Holland 1998, p.12)



“the provision of empathetic support to improve therapeutic skills, the transmission of knowledge and the facilitation of reflective practice. This process seeks to create an environment in which the participants have an opportunity to evaluate, reflect and develop their own clinical practice”
(Winstanley & White 2002, p.4)



BENEFITS OF CLINICAL SUPERVISION

- Increased confidence, decreased incidence of emotional strain and burnout (Halberg & Norberg 1993)
- Increased feelings of support (Butterworth 1996)
- Higher staff morale and increased staff satisfaction (Butterworth, Bishop & Carson 1996)
- Increased self-awareness (Cutcliffe 1997)
(cited in Cutcliffe and Proctor 1998)



IMPEDIMENTS TO CLINICAL SUPERVISION

- When the supervisor is also the manager
- Supervision vs therapy
- Supervision as panacea - cure all
- Variation in supervisor's skills - good enough' supervisor



SUPERVISOR AS MANAGER

- “I am never 100% sure that what I say is confidential ... I have the clinical supervisor one time when another time I have the boss” (Scanlon & Weir 1997)
- Not uncommon for the supervisor to be the manager and a belief by managers that “it needed to be hierarchical” (White, Butterworth, Bishop, Carson & Jeacock 1998)
- Produces docile and conforming practitioners (Johns 2001)



SUPERVISION VS THERAPY

- Supervision is concerned with professional, as opposed to personal, growth (Yegdich & Cushing 1998; Yegdich 1999; Walsh, Nicholson & Keough 2003)
- Talking about patients and one's therapeutic work, in preference to oneself and one's personal issues, differentiates supervision from therapy (Yegdich 1999)



VARIATION IN SUPERVISOR'S SKILLS

- “good enough supervisor” was the exception not the rule (Scanlon & Weir 1997; White et al 1998)
- Importance of supervisor understanding psychotherapeutic concepts e.g transference/ counter transference (Yegdich 1999; Sloan, White & Coit 2001)
- Ability to choose the supervisor (Winstanley & White 2002)



CLINICAL SUPERVISION FOR UNDERGRADUATE NURSING STUDENTS AT UTS

- Introduced in 2007 – 100 3rd year students in the sub-major mental health nursing subject
- Theory followed by simulated group clinical supervision with a trained clinical supervisor
- Focus is clinical placement experiences



- Observers note supervisor's skills, group interactions and emerging themes
- Discussion of the experience
- Positive feedback – opportunity and time to reflect on clinical interactions, associated feelings and the benefits of a peer group for reflection



CONCERNS OF GRADUATE MENTAL HEALTH NURSING STUDENTS

- Quality of supervisor's skills
- Lack of clinical practice focus
- Directed to attend by manager
- Confidentiality issues
- Workload issues
- Who supervises the supervisor



CLINICAL SUPERVISION FOR NURSES - FUTURE DIRECTIONS

- NSW Nurses and Midwives Board
- Royal College of Nursing Australia
- Sydney South West Area Health Service
- Australian College of Mental Health Nurses
- Research in Queensland – White and Winstanley



“It beggars belief that we have, for so long, failed to incorporate (clinical supervision) as a defined component of practice. Any one of us looking back at the human pain and social distress of others to which we have been exposed...must surely question what makes us suppose we can practise effectively without such a regular conscientious examination of our work, of what might improve it, what might impede it, and of our feelings about it”

(Swain 1995, cited in Bond & Holland 1998, p1)



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